



## **“Business Rules & Process Checks for Data Quality”**

**Data Quality Management Control Program  
TRICARE Data Quality Course**

**September 2010**



# Course Topics

---

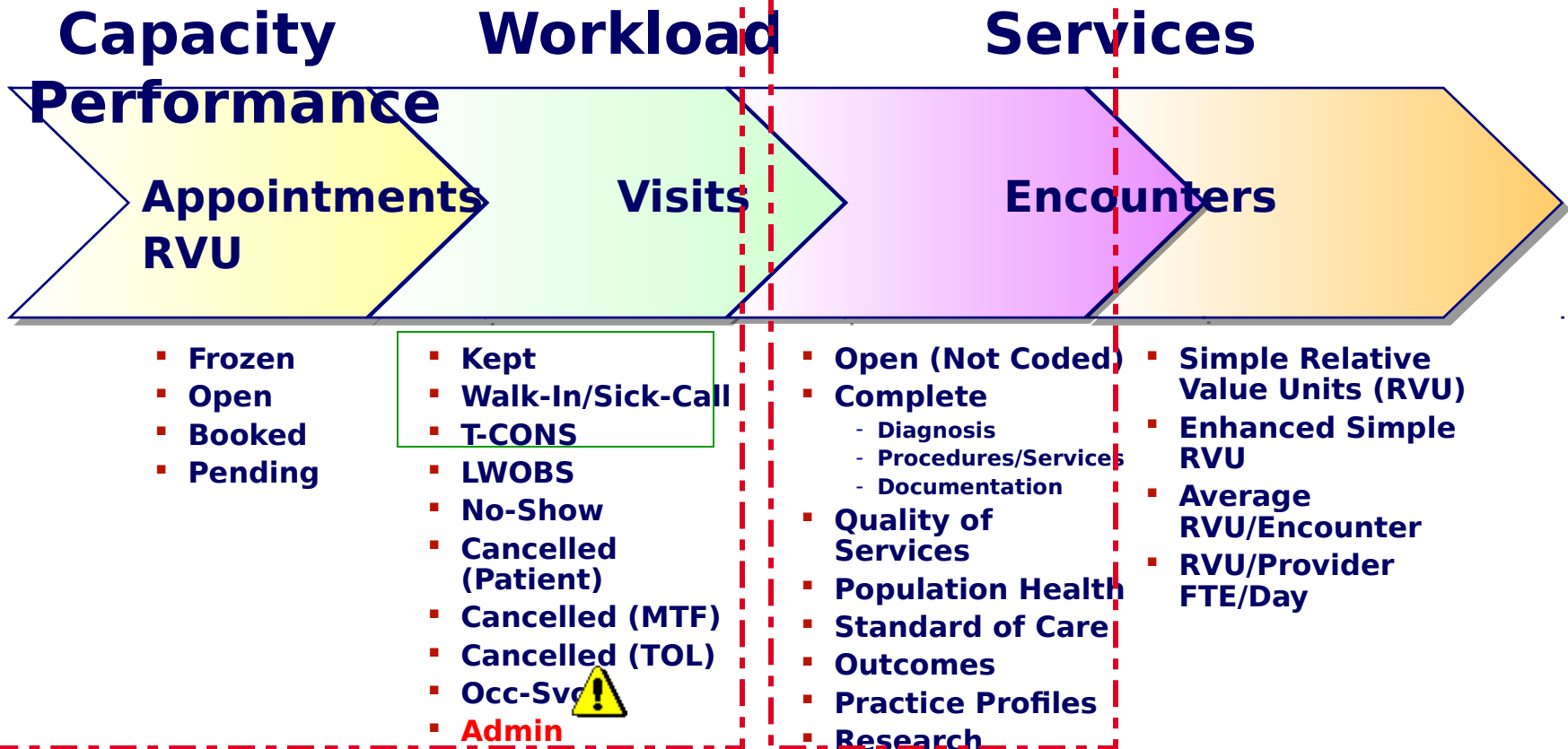
- **Ambulatory Data Module (ADM)**
  - A Sub-System of CHCS
- **Visit Workload vs Encounter Services**
- **ADM and AHTLA Processes**
- **Coding Table Update Coordination**
- **Data Flows, Compliance and Errors! Oh My!**

- **“Tune-Up” You**





# Capturing Clinical Services



**Focus Shifting from “Counting Visits” to Measuring Work/Services Provided**

# First There Was ...







# The "Bubble" Sheet...



TM & COPYRIGHT HANNA-BARDER

DO NOT WRITE IN THIS SPACE										DO NOT USE PENS THAT HAVE "BLEED THROUGH" INK									
OTHER PROCEDURES/EVALUATION & MGMT										DIAGNOSES									
Procedure: _____ Description: _____ Procedure: _____ Description: _____ Procedure: _____ Description: _____										ICD Code #1: _____ ICD Code #2: _____ ICD Code #3: _____ ICD Code #4: _____ ICD Code #5: _____ ICD Code #6: _____ ICD Code #7: _____ ICD Code #8: _____ ICD Code #9: _____ ICD Code #10: _____									
NEW PRIMARY PROVIDER										INSURANCE INFORMATION									
PROVIDER NUMBER: _____ PROVIDER ROLE: _____ <input type="checkbox"/> Assisting Provider <input type="checkbox"/> Supervising Provider <input type="checkbox"/> Nurse <input type="checkbox"/> Para-Professional										Do You Have HEALTH INSURANCE Other Than MEDICARE Or CHAMPUS? <input type="checkbox"/> Yes <input type="checkbox"/> No Has Any Information Changed Since Your Last Visit? (If Yes, Please Make Changes) <input type="checkbox"/> Yes <input type="checkbox"/> No Insurance Company Name: _____ Phone No.: _____ Insurance Company Address: _____ Insurance ID No.: _____ Group Name: _____ Group No.: _____ Subscriber's Name: _____ Patient's Relationship to Subscriber: _____									
ADDITIONAL PROVIDER										ADDRESS CHANGES/CORRECTIONS									
PROVIDER NUMBER: _____ PROVIDER ROLE: _____ <input type="checkbox"/> Assisting Provider <input type="checkbox"/> Supervising Provider <input type="checkbox"/> Nurse <input type="checkbox"/> Para-Professional										Name: _____ SSN: _____ Address: _____ City: _____ State: _____ Zip: _____ Patient Cat.: _____ Other: _____ Home Phone No.: (____) _____ Work Phone No.: (____) _____ Spomans Work Phone No.: (____) _____									
ADDITIONAL PROVIDER										FOR OFFICIAL USE ONLY									
PROVIDER NUMBER: _____ PROVIDER ROLE: _____ <input type="checkbox"/> Assisting Provider <input type="checkbox"/> Supervising Provider <input type="checkbox"/> Nurse <input type="checkbox"/> Para-Professional										FMP: _____ SPONSOR SOCIAL SECURITY NUMBER: _____ TIME: _____ DATE: MO. DAY YR. MO. DAY YR.									



# No More Bubble Sheets...

QQQTEST,PATIENT	ADM Patient Encounter 02/NNN-NN-NNNN	DATA FROM CHCSII AGE: 4y
=====		
Appt Date/Time : 24 Jul 2008@1015	Type: WELL	Status: KEPT
Clinic: DOPC CONSOLIDATED CL	MEPR BGAA	Injury/Accident Related: No
In/Outpatient: Outpatient	APV.	Pregnancy Related: No
Appt Provider: WAMC,PROVIDER		Prov Taxonomy: 363A00000X
Appt HCP Role: 1 ATTENDING		
Additional Providers: Yes		
Disposition: RELEASED W/O LIMITATIONS		
=====		
ICD-9	Dx Description	
V70.5 2	PERIODIC PREVENT EXAMINATION	
V06.1	D-T-P, COMBINED [DTP][DTAP]	
-----		
Chief Complaint: V70.5 2	PERIODIC PREVENT EX	
-----		
Help = HELP	Exit = F10	File/Exit = D0


- Key Appointment (Visit) data obtained from CHCS Patient Appointment Scheduling (PAS)
- Appointments Booked or Walked-In in CHCS sent to AHTLA
- Only "Encounter" related data elements can be updated in ADM
- Visit and Workload data must be updated in CHCS PAS
- ADM displays CHCS II (AHTLA) as the source of the Encounter Coding
- Changes made in ADM do not update AHTLA

# ADM And Now...

USER, TEST: Military Clinical Desktop - Encounters (Privacy Act of 1974/FOUO) - Training System

File Edit View Go Tools Actions Help

Refresh Add Note Add Providers Templates Sign Save As Template Close

**ALEXANDER, VIOLET W 20/202-45-5743 45yo F Col DOB:25 Jan 1959**  Options

Folder List

- CHCS-I
  - Immunizations Adm
  - ALEXANDER, VIOLET
    - Demographics
    - Health History
    - Problems
    - Meds
    - Allergy
    - Wellness
    - Immunizations
    - Vital Signs Rev
    - PKC Couplers
    - Readiness
    - Patient Questic
    - Lab
    - Radiology
    - Clinical Notes
    - Previous Encoun
    - Flowsheets
    - Current Encounter
      - Screening
      - Vital Signs Ent
      - S/D
      - A/P
      - Disposition

Reminders

- Adequate Calcium Counseling
- Anti-Tobacco Counseling
- Blood Pressure Screen
- Mammogram Screening
- Regular Activity Counseling
- Total Cholesterol Screen

Date: **09 Nov 2004 0930 EST** Status: **In Progress** MTF: **CHCSII ITT Facility**  
 Primary Provider: **USER, TEST** Type: **ACUT\$** Clinic: **CHCSII ITT Clinic**  
 Patient Status: **Outpatient**  
Reason for Appointment: cough & fever HTN followup  
Appointment Comments: middle age illnesses/perimenopause

AutoCite... AutoCites Refreshed by USER, TEST @ 02 Dec 2004 2306 EST

Problems

- ESSENTIAL HYPERTENSION
- METORRHAGIA
- IRON DEFICIENCY ANEMIA

Active Family History

No Active Family History Found.

Allergies

No Allergies Found.

Active Medications

Active Medications	Status	Sig	Refills Left	Last Filled
AMLODIPINE (NORVASC) 5MG--PO 5MG TAB	Active	QD	6 of 6	Not Recorded
HCTZ (ESIDREX/ORE TIC)--PO 25MG TAB	Active	QD	6 of 6	Not Recorded
FERROUS SULFATE--PO 325MG TAB	Active	1 QD	6 of 6	Not Recorded

CPG Autocites

CPG Autocites	6 Jun 2004	14 Apr 2004	21 Jan 2004
Hemoglobin A1c (Diabetes CPG) (Goal: <8)	8.3 mg/dl	8.9 mg/dl	8.7 mg/dl
LDL (Diabetes CPG, Hyperlipidemia CPG) (Goal: <100)	114 mg/dl		

Screening

Screening Written by USER, TEST @ 02 Dec 2004 2318 EST  
Reason For Appointment: cough & fever

Vitals

Vitals Written by USER, TEST @ 02 Dec 2004 2334 EST  
 BP: 122/66, HR: 72,

S/D

A/P

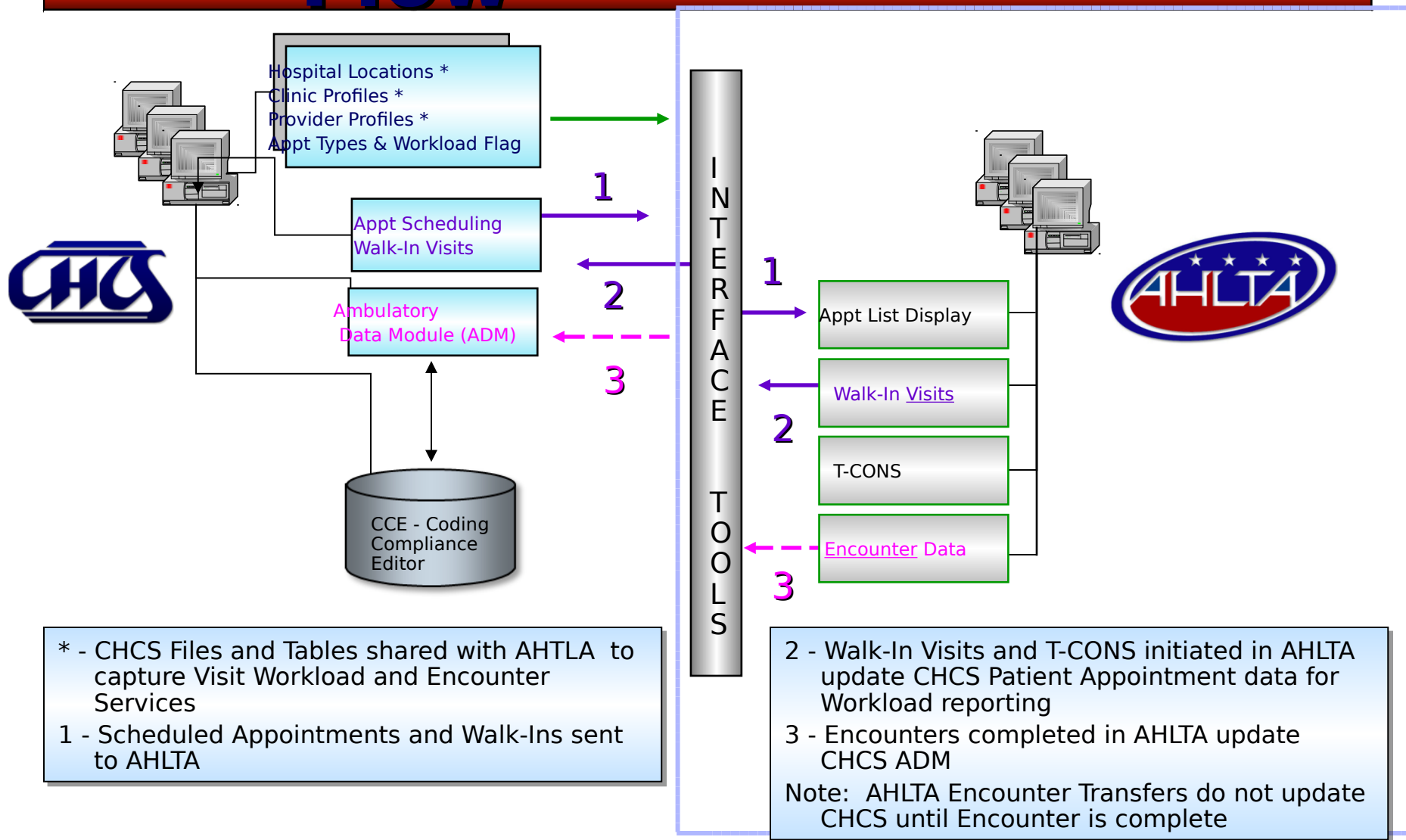
A/P Written by USER, TEST @ 03 Dec 2004 1027 EST  
1. Patient Counseling: Adequate Calcium Counseling Complet  
 Laboratory(ies): HGB A1C (Routine); LIPID PAI

USER, TEST in CHCSII Test Clinic at CHCSII ITT





# Visit/Encounter Data Flow







# Visits vs Encounters

---

- An “**ENCOUNTER**” captures services provided:
  - Reason for seeking care
  - Where the services were provided
  - Level of Medical Decision Making/Complexity
  - Clinical services provided
  - Identifies Staff (By Name) providing the services
    - Provider Seen
    - Clinical Specialty
    - Secondary Providers (Assisting, Supervising, Nursing, Para-Professional, etc.)
  - Both COUNT and NON-COUNT Visits are Encounters
- **DQMCRL Statement C. 8. a):**
  - - # SADR (count only) encounters / # WWR visits



# Encounter Data

---

- **CHCS-ADM serves as the local MTF operational data store for Ambulatory and Inpatient Professional Services based on:**
  - Clinical Encounter data entered directly into ADM
  - “Written Back” from Signed (Completed) AHLTA Encounter Notes
    - ADM can be used to update Encounter Coding – BUT!!! ADM does not update AHLTA
  - Updated from the Coding Compliance Editor (CCE)
    - CCE can be used to update ADM or AHLTA Encounter Coding, but CCE does not update AHLTA
- **Prepares daily batch data extract files:**
  - Standard Ambulatory Data Record (SADR)
  - Comprehensive Ambulatory and Professional Services Record (CAPER) also known as the “SADR Re-Design”
  - Coding Compliance Editor (CCE) Extract
  - Billing data extracts for:
    - Medical Services Accounting (MSA)
    - Third Party Outpatient Collections System (TPOCS)



# Encounter Data Elements

- **ICD-9 Coding - Why the Patient was seen?**
  - Chief Complaint and Diagnoses
- **CPT Coding - What was done to address the patient problem?**
  - Physician/Provider Services/Procedures that supports capture of RVU
  - Modifiers (explain additional details about the Service or Procedure)
  - Units of Service
- **HCPCS Coding - What additional services/supplies were provided?**
- **Evaluation & Management Coding (CPT Code):**
  - Setting
    - Office, Inpatient Professional Services (IPSR), Emergency Room, Preventive Service, Inpatient/Outpatient Consults, etc.
  - Level of Services
    - Complexity (Minimal, Low, Moderate, or High)
  - Age Band
    - Preventive Services/Wellness
- **Encounter data stored in the CHCS KG ADC DATA file**





# Additional Data Details

- **HIPAA standard data elements:**
  - Cause of Injury (and associated elements)
  - Geographic Location of Injury (Motor Vehicle Accidents)
  - Pregnancy Related (and associated elements)
  - HIPAA Provider Taxonomy
- **Additional Secondary Providers**
- **Additional E&M Codes (up to 2 Additional E&M Codes)\***
- **Diagnosis Code Priority (Links Procedure to Dx 1, 2, 3 and/or 4)**
- **CPT Code Units of Service (per CPT Code)\***
- **CPT Code Modifiers (up to 3 - per CPT Code)\***
- **Military Unique ICD-9 Codes (ICD-9 Code Extenders)**
  - V70.5 4 PRE-DEPLOYMENT EXAMINATION
  - V70.5 5 DURING DEPLOYMENT EXAMINATION
  - V70.5 6 POST-DEPLOYMENT EXAMINATION
  - V70.5 D PRE-DEPLOYMENT ASSESSMENT: DOCUMENTED ON DD2795
  - V70.5 E INITIAL POST-DEPLOYMENT ASSESSMENT: DOCUMENTED ON DD2796
  - V70.5 F POST DEPLOYMENT HEALTH REASSESSMENT (PDHRA): DOCUMENTED ON DD2900
  - V70.5 G GWOT/WOUNDED WAR EXAM
- **Encounter Disposition (Inpatient Services and Ambulatory Disposition)**

**\*Additional coded data elements included in the Comprehensive Ambulatory/Professional Encounter Record (CAPER) Re-Designed**

**SADR**



# Encounter Data Extracts

DATA ELEMENT	SADR	CAPER	BILLING
<b>HIPAA standard data elements:</b>			
Injury Related Cause Codes	No	Yes	Yes
Geographic Location of Injury (Motor Vehicle Accidents)	No	Yes	Yes
Pregnancy Related (and associated elements)	No	No	Yes
HIPAA Provider Taxonomy	Yes	Yes	Yes
<b>ICD-9 Diagnosis Code (1-4)</b>	Yes	Yes	Yes
<b>ICD-9 Diagnosis Code (5-10)</b>	No	Yes	Yes
<b>Diagnosis Code Priority (Links Procedure to Dx 1, 2, 3 and/or 4)</b>	Yes	Yes	Yes
<b>CPT/HCPCS Codes 1-4</b>	Yes	Yes	Yes
<b>CPT /HCPCS Codes 5+</b>	No	Yes	Yes
<b>CPT/HCPCS Code Units of Service (per CPT Code)</b>	No	Yes	Yes
<b>CPT/HCPCS Code Modifiers (up to 3 - per CPT Code)</b>	No	Yes	Yes
<b>E&amp;M (CPT) Code</b>	Yes	Yes	Yes
<b>Additional E&amp;M Codes (up to 2 Additional E&amp;M Codes)</b>	No	Yes	Yes
<b>Additional Secondary Providers</b>	Yes	Yes	
<b>Workload Flag (COUNT or NON-COUNT)</b>	No	Yes	N/A
<b>Source System Indicator (ADM or CHCS II)</b>	Yes	Yes	N/A





# Extract Processing

---

- **The SADR/CAPER is a daily batch extract ASCII (Text) File for each MTF DMIS ID that contains patient level data for:**
  - Ambulatory Clinic Encounters
  - Ambulatory Procedure Visits (APV) Encounters
  - Inpatient Consults (Not associated with the Attending Clinical Service)
  - Inpatient Attending Provider Professional Services (IPSR-RNDS\*)
- **The SADR Nightly Process is scheduled in CHCS to run at ~2030 - 2130 each night:**
  - Includes ADM & AHLTA completed encounters
  - Includes ADM updates and updates received from AHLTA and CCE
- **Following the SADR Nightly Process, billable encounter services (that met the 3 Day “Hold”) are sent by CHCS to:**
  - CHCS Medical Services Accounting (MSA)
  - Third Party Outpatient Collections System (TPOCS)



# Coding Compliance

- **Timeliness is a key element of Data Quality**

## **DQMCRL B. 6. a)**

**a) What percentage of Outpatient Encounters, other than APVs, has been coded within 3 business days of the encounter?**

**b) What percentage of APVs have been coded within 15 calendar days of the encounter?**

- **Ambulatory Encounter Compliance is based Business Days elapsed from the Date of the Encounter, until the record is Complete**
- **APV Compliance is based on Calendar Days**
- **AHLTA/ADM “Write-Back” errors have impacted Coding Compliance measures - Most issues now resolved**
  - Specific Clinics and/or Providers can also be impacted to different degrees, particularly when there are issues with the Local Cache Server Synch Manager or Providers continue to use obsolete ICD-9 and CPT Codes



# ADM Reports Menu

- From your CHCS Main Menu:
  - Type “ADS” to access the Ambulatory Data Module (ADM)
  - ADM is a Secondary Menu Option
  - CHCS Secondary Menus allow access across CHCS Sub-Systems

STYL	User Prompt Style
1	Appointments with No ADM Records by Clinic
2	ADM Patients with 3rd Party Insurance
3	ADM Compliance Report
4	ADM Records with Unresolved Coding Issues
5	Interface Transmission Status of ADM Record
6	Encounter Summary Report by Clinic/Provider
7	For Clinic Use Only Report
8	Encounter Specific Code Report by Clinic/Provider
9	Top Number Encounter Report
10	Appointment/Encounter Count Report
11	Patient Encounter Records Report

- Reports status Encounter Coding Completion By Provider and Clinic
- Log Status of AHLTA Degrades, Fail-Overs and/or Down-Times that may impact Coding Completion/Compliance



# Compliance Report # 3

```
Select PAD System Menu Option: ADS  Ambulatory Data Module
Select Ambulatory Data Module Option: 2  Ambulatory Data Reports
Select Ambulatory Data Reports Option: 3  ADM Compliance Report
Select (D)MIS ID, (U)ser current division as filtering type or (Q)uit: U// D
Select (O)ne, (M)ultiple, (A)ll DMIS ID or (Q)uit: A// 0
Select DMIS ID: 0089  0089          WOMACK AMC
Select (C)linic, (P)rovider as primary sort or (Q)uit: C// C
Select (O)ne, (M)ultiple, (A)ll ADM clinics or (Q)uit: A// A
Summarize by provider (Y)es, (N)o, or (Q)uit: Y// N
Select (D)MIS, (M)EPR, (C)linic clinic sort order or (Q)uit: C//
Select (O)ne, (M)ultiple, (A)ll appointment status or (Q)uit: A// M
Include inpatient admitted by another service (Y)es, (N)o, or (Q)uit: Y// Y
Select (C)ount, (N)on-Count, (E)rror non-count, (B)oth as workload type
or (Q)uit: B// B
Select (M)onth and year, (S)pecific start and stop as date range or (Q)uit: S// M
Enter Month & Year: Jan 2010//  (Jan 2010)
Do you want to proceed with this report? No// Y
Select DEVICE: Q
Select DEVICE: SPOOL
Name File beginning with your Initials  CCC ADM COMP JAN10
```

- Choose One, Multiple or All DMIS
- Choose "No" to Summarize by Provider for Summary Report
- Choose Multiple for Appt Status to include only KEPT, WALK-IN & S-CALL
- Enter Q to Queue the Report Task
- Enter SPOOL to save the report to a Text File in CHCS (Capture and/or Print)



# Capture Text->Import Excel

ADM COMPLIANCE REPORT FOR 3 MAY AS OF 7 MAY 10					
CLINIC		PAS	COMPLETE	INCOMPLETE	%
APPOINTMENT STATUS		TOTAL	ADM	ADM	COMPLIANT
7294 BGAi	CHC-TEAM ADMIRATION				
KEPT		115	109	6	95
7294 BGAi	CHC-TEAM BRAVERY				
KEPT		44	44	0	100
7294 BGAi	CHC-TEAM CONFIDENCE				
KEPT		94	94	0	100
7294 BGAi	CHC-TEAM DEVOTION				
KEPT		47	47	0	100
7294 BGAi	CHC-TEAM ENDURANCE				
KEPT		70	70	0	100
7294 BGAi	CHC-TEAM FREEDOM				
KEPT		62	62	0	100
7286 BGAN	JHC-BLUE TEAM				
KEPT		116	113	3	97
7286 BGAN	JHC-RED TEAM				
KEPT		67	64	3	96
7286 BGAN	JHC-WHITE TEAM				
KEPT		81	81	0	100
WALK-IN		1	1	0	100

- Report Run Daily by Clinical Operations Division @ 0630
- Distribution includes Chief, Clinical Services, Clinic Chiefs, and Clinic Administrators





# Daily Compliance Reporting

Message 3may.xlsx 4may01.xlsx sAdmOpen3may.xlsx

Caveats: FOUO

1. ADM compliance rate for 3 May is 96.00% with 175 open encounters (noncompliant - close ASAP). Open encounters are highlighted in red on attached report. See 3d attachment for noncompliant open encounters by provider - must be closed ASAP.

Highest number of open encounters (NONCOMPLIANT - CLOSE ASAP):

BGAR	RHC	<u>44</u>
BEAA	ORTHOPEDICS	<u>23</u>
BBAA	BARIATRIC/BREAST HLT/GEN SURG	<u>14</u>
BIAA	ER/FASTTRACT	<u>13</u>
BEAA	ORTHO APPL	<u>12</u> (SAME AS YESTERDAY'S REPORT)

2. ADM compliance rate for 4 May is 92.07% with 376 open encounters (must be closed by COB). Open encounters are highlighted in red on attached report.

Highest number of open encounters (CLOSE BY COB):

BGAR	RHC	<u>79</u>
BEAA	ORTHOPEDICS	<u>40</u>
BBAA	BARIATRIC/BREAST HLT/GEN SURG	<u>25</u>
BAPA	DERMATOLOGY	<u>23</u>
BGAN	JHC	<u>21</u>
BDAB	EFMP - PEDS	<u>18</u>
BGAA	WFM	<u>17</u>
BBGA	PLASTIC SURG	<u>14</u>



# Capture Text->Import Excel

20 Apr 2010@0854

For Official Use Only  
Ambulatory Data Module

Page 1

ADM Compliance Report by Clinic  
From: Mar 2010 Thru: Mar 2010

Clinic	PAS Total	Complete ADM Total	Incomplete ADM Total	% Compliance
0089 BABA ALLERGY	789	767	22	97
0089 BCBA ANTE-PARTUM IN L&D	968	957	11	99
0089 BCB5 APU OB/GYN	86	86	0	100
5450 BAGM APV-GASTRO MOORE REG	1	0	1	0
0089 BFFA ASAP-82ND	470	464	6	99
0089 BFFA ASAP-CLARK	421	421	0	100
0089 BFFA ASAP-JOEL	602	602	0	100
0089 BHDA AUDIOLOGY	146	146	0	100
7286 BHDN AUDIOLOGY-JOEL CLINIC	23	23	0	100
0089 BBAA BARIATRIC SURGERY	218	218	0	100
0089 BFBA BIOFEEDBACK	65	63	2	97
0089 BBAA BREAST HEALTH CLINIC	183	182	1	99
0089 BACA CARDIOLOGY	649	631	18	97
0089 BAC5 CARDIOLOGY APV	7	7	0	100

- Report Run Monthly by ADM System Administrator and Clinical Services
- Imported into Excel and matched with M2 encounters



# SADR/CAPER Transmission

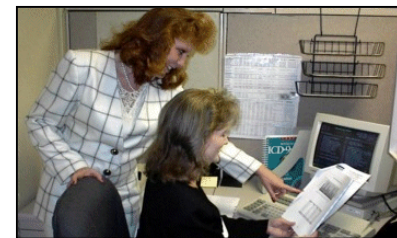
## Divisions Producing SADR and TPOCS Data Extracts

Division	TPOCS	DMIS ID	Group DMIS ID
WOMACK AMC FT BRAGG NC	Yes	0089	0089
POPE HEALTH CLINIC	Yes	0634	0089
ROBINSON HEALTH CLINIC	Yes	7143	0089
USAOHC FT. BRAGG	Yes	0570	0089
OCC HLTH NSG, SUNNY POINT	Yes	0576	0089
FT BRAGG MCSC CONTRACTOR PCM	Yes	8009	6902
JOEL AHC - FT. BRAGG	Yes	7286	0089
CLARK HEALTH CLINIC	Yes	7294	0089

ICD-9 Download Year: 2010

CPT-4 Download Year: 2010

- The ADM System Manager Menu controls which MTF Divisions on the CHCS Host Platform will produce a SADR and Billing Extract File
- When a new DMIS (Division) is added, the SADR Extract status must also be set
- The SADR Nightly Task will create a SADR Extract File for each DMIS (Division) listed





# Interface Error Reports

---

## 1. AHLTA/ADM Write-Back Error Report (AHLTA Server)

- Coordinate with your AHLTA System Admin to run the report
- ASCII File of AHLTA Write-Back errors (Easily imported into Excel):
  - AHLTA encounter not accepted or received by ADM
  - SADR/CAPER not created
  - Encounter not sent to TPOCS, CCE or EAS
  - Impacts 3-Day Coding Compliance
  - Not all AHLTA WB Errors appear on the AHLTA/ADM Write Back Error Report
  - Some Encounters may have multiple Error conditions

## 2. ADM Interface Status of ADM Records Report (ADM Report)

- CHCS ADM Menu Option Report #5
- **Errors** – Encounter failed SADR edits – Not sent in SADR or to CCE

## 3. ADM SADR Error/Warning Report (ADM Sys Mgr Report)

- Errors listed will prevent a SADR from being created
- Warnings will still be included in the SADR

## 4. CCE Detailed Interface Error Report (ADM Sys Mgr Report)

- CHCS Menu Option within ADM System Manager Menu Option
- Report of CCE functional errors
- ADM not updated to generate updated SADR
- Billable encounters not available to submit for billing





# Write-Back Error Report


ADM Write Back Errors						
Mar-10						
Count of APPT IEN		Years <input checked="" type="checkbox"/> APPOINTMENT DATE <input type="checkbox"/>				
		2010			Grand Total	
APPT TYPE	<input checked="" type="checkbox"/> EXCEPTION TEXT	<input checked="" type="checkbox"/> Jan	Feb	Mar		
ACUT	At least 1 ICD9 code must be present. "V72.6" is not a valid value for ICD CODE. "V72.6" cannot be found in the 'ICD9' code reference. "V80.0" is not a valid value for ICD CODE. "V80.0" cannot be found in the 'ICD9' code reference.			1	24	25
					2	2
					1	1
ACUT Total				1	27	28
ACUT\$	At least 1 ICD9 code must be present.				2	2
ACUT\$ Total					2	2
EROOM	At least 1 ICD9 code must be present. Test encounter will not be written back to ADM for Write. RILY-144852 TRANSACTION ID=168081656	1				1
					1	1
EROOM Total		1			1	2
EST	At least 1 ICD9 code must be present. "V72.6" is not a valid value for ICD CODE. "V72.6" cannot be found in the 'ICD9' code reference. "V80.0" is not a valid value for ICD CODE. "V80.0" cannot be found in the 'ICD9' code reference.	2		5	199	206
					3	3
					1	1
EST Total		2		5	203	210
EST\$	At least 1 ICD9 code must be present.				14	14
EST\$ Total					14	14
ROUT	At least 1 ICD9 code must be present. "V68.8" is not a valid value for ICD CODE. "V68.8" cannot be found in the 'ICD9' code reference. "V72.6" is not a valid value for ICD CODE. "V72.6" cannot be found in the 'ICD9' code reference.				30	30
					1	1
					3	3
ROUT Total					34	34
ROUT\$	At least 1 ICD9 code must be present.				1	1
ROUT\$ Total					1	1
SPEC	At least 1 ICD9 code must be present. "V80.0" is not a valid value for ICD CODE. "V80.0" cannot be found in the 'ICD9' code reference.					64
						1
SPEC Total						65
WELL	At least 1 ICD9 code must be present.					2
WELL Total						2
Grand Total						358

- Report run from the AHLTA Local Cache Server
- Providers/Staff must update AHLTA Favorites Lists and Personal Templates to the new ICD/CPT Codes
- Encounters completed for "BTST" or "QQQ" (Test Patients) are not written back
- At least 1 ICD-9 Diagnosis Code must be present
- Some encounters may have more than one error condition
- Errors resolved in CHCS ADM still appear on the report



# SADR Error/Warning Report

---

- **Menu Path:**
  - ADM Main Menu
  - #4 Ambulatory Data Collection Manager Menu
  - #6 ADM Data Extract Error Menu
  - #2 ADM SADR Error Report
- **Errors** listed will prevent a SADR from being created
- Warnings will still be  in the SADR



# 209 Errors

ADS INTERFACE ERROR/WARNING REPORT 23 Apr 2010@1247

17 Apr 2010 - 23 Apr 2010@2400 Page 1

CLINIC	PATIENT	APPT DATE/TIME	PROVIDER
-----			
EFMP-PEDIATRICS	PATIENT NAME	19 Apr 2010@1324	PROVIDER,SSSSSSS
ERR: 209	Appt_status not SADR/CAPER eligible.		
EFMP-PEDIATRICS	PATIENT NAME	19 Apr 2010@1325	PROVIDER,SSSSSSS
ERR: 209	Appt_status not SADR/CAPER eligible.		
OUTPT NUTRITION CLIN	PATIENT NAME	20 Apr 2010@1300	PROVIDER,VVVVVV
ERR: 209	Appt_status not SADR/CAPER eligible.		
WFM-TEAM INTEGRITY	PATIENT NAME	20 Apr 2010@1550	PROVIDER,KKKKKKKK
ERR: 209	Appt_status not SADR/CAPER eligible.		
ASAP-JOEL	PATIENT NAME	22 Apr 2010@1030	PROVIDER,AAAAAA
ERR: 209	Appt_status not SADR/CAPER eligible.		
ASAP-JOEL	PATIENT NAME	22 Apr 2010@1030	PROVIDER,DDDDDDDD
ERR: 209	Appt_status not SADR/CAPER eligible.		





# What Happened ??

- AHLTA User updated the Appt Status to No-Show or Cancel after the initial SADR created
- CHCS later changed the status to **ADMIN**
- When the Appt Status between AHTLA and CHCS does not match, an ADM 209 Error is reported and a SADR is not created
- CHCS Appointment Audit File captured the updates....

## CHCS APPOINTMENT AUDIT

Many of the 209 errors are caused by this:

07 Oct 2009@0830 PSYCHOLOGY-JOEL PROVIDER,DDDDDDD

1 STAFF,CHARLES	10 Sep 2009@1511	PENDING
2 MIDTIER,BRAGG	07 Oct 2009@0954	NO-SHOW
3 STAFF,CHRISTY	08 Oct 2009@0911	<b>ADMIN</b>

-----  
02 Oct 2009@1500 MEN HLTH /RHC PROVIDER,00000000

1 STAFF,TONYA	23 Sep 2009@1133	PENDING
2 MIDTIER,BRAGG	25 Sep 2009@1031	CANCEL
3 STAFF,TONYA	01 Oct 2009@1205	<b>ADMIN</b>

-----  
01 Oct 2009@0900 NEUROLOGY CLINIC PROVIDER,LLLLLLLLL

1 STAFF,JAKE B	28 Sep 2009@0845	PENDING
2 MIDTIER,BRAGG	30 Sep 2009@1509	CANCEL
3 STAFF,JAKE1	Oct 2009@0747	<b>ADMIN</b>



# **Process Rules !!!**

---

- **Update Appointment Status in AHLTA:**
  - Checked-In (except for ER Arrivals which are entered into CHCS)
  - No-Show
  - Cancelled (By Patient or MTF)
  - LWOBS
- **AHLTA will update the Appointment Status in CHCS**
- **Updating the Appt Status in CHCS can result in errors, when the Status in CHCS is different than in AHTLA**
- **Changing the Appt Status to ADMIN in CHCS, is risky even to address “Duplicate” Visits**
- **T-CONS created in AHTLA, will initially show as OCC-SVC**
- **T-CONS transferred in ATHLA to other Providers will show in CHCS as assigned to the initial Provider assigned**
- **T-CONS initiated in ATHLA should be Completed or Cancelled in AHTLA - Do Not use the ADMIN function in CHCS**





# Coding Table Updates



January						
Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						
7:00 15:00 23:00 30:00						

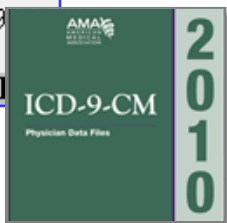
- **CPT/HCPCS - Updated per Calendar Year**

- **Effective 1 Jan**
- MTF updates synchronized for AHLTA, CHCS and CCE
- CPT/HCPCS automatically sent to TPOCS from CHCS
- Use CHCS or M2 to identify Obsolete Codes used - to identify impact and reduce "Obsolete" ICD-9 Code Write-Back errors
- Coordinate with Ancillary Areas (LAB/RAD) to update CHCS LAB/RAD Site Defined files and Radiology Procedure Groups

October						
Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						
7:00 14:00 22:00 30:00						

- **ICD-9 - Updated per Fiscal Year**

- **Effective 1 Oct**
- MTF updates must be coordinated for AHLTA, CHCS, CCE and TPOCS
- Use CHCS or M2 to identify obsoleted codes used - to identify impact and reduce "Obsolete" coding AHLTA Write Back errors



**CHCS-ADM has been changed to support ICD-9 and CPT Coding validation, based on Date of Service - needed for Billing and CCE encounter coding updates**



# The “99499” Placeholder

---

- **June 2005:**

- E&M Code became optional for APV and encounters when at least 1 CPT/HCPCS Code was entered
- E&M Code was no longer required for NON-COUNT Visits
  - Remember! – IPSR RNDs\* are NON-COUNT Visits
- TPOCS still requires the “99499” Placeholder

**Current recommendation:**

**Continue to enter the “99499” E&M Code Placeholder in ADM**



# Data Checks ADM and M2

1	MONTH	DEPT	CLINIC	MEPRS	ADM COMPLETE	ADM OPEN	M2 ENCTRS	RVU (SIMPLE)	AVG RVU	PPS VALUE
37	Oct-09	DOM	GASTROENTEROLOGY CLINIC	BAGA	281	0	281	327.98	1.17	\$25,140
144	Nov-09	DOM	GASTROENTEROLOGY CLINIC	BAGA	196	1	196	267.85	1.37	\$20,531
247	Dec-09	DOM	GASTROENTEROLOGY CLINIC	BAGA	213	0	213	282.84	1.33	\$21,680
248	Dec-09	DOM	GASTRO-MOORE COUNTY	BAGM	4	0	0	0		
352	Jan-10	DOM	GASTROENTEROLOGY CLINIC	BAGA	206	1	206	296.4	1.44	\$22,719
353	Jan-10	DOM	GASTRO-MOORE COUNTY	BAGM	1	0	0	0		
458	Feb-10	DOM	GASTROENTEROLOGY CLINIC	BAGA	215	0	213	252.53	1.1	\$9,356
459	Feb-10	DOM	GASTRO-MOORE COUNTY	BAGM	4	0	0	0		
564	Mar-10	DOM	GASTROENTEROLOGY CLINIC	BAGA	353	41	350	607.28	1.7	
565	Mar-10	DOM	GASTRO-MOORE COUNTY	BAGM	0	1	0	0		
633		Total			1473	44	1459	2034.88		\$974

## Notes:

- Monthly match of ADM Compliance Report with M2 Encounters
- ADM Compliance Report imported into Excel
- M2 Matched with ADM using Access Join Query by Month



# 99499 - No CPT Code

FY10 DEPT 99949 - NO CPT-1							
As of 20 Feb @ 1200							
* Excludes T-CONS							
EM CODE	99499						
WORKLOAD	(All)						
APPT STATUS	(All)						
SRC SYS	(All)						
Years		ENC DATE					
2009		2010					
		Oct	Nov	Dec	Jan	Feb	Grand Total
		5	15	3	9	10	215
CHC		441	372	391	557	291	2052
DEM		105	67	110	132	477	891
DO&R		107	137	135	114	123	616
DOBH		70	79	52	54	45	300
DODH		260	236	527	488	275	1786
DOM		276	372	192	175	110	1125
DOS		74	85	101	89	41	390
DSWS		109	94	99	101	92	495
JHC		647	564	582	600	310	2703
OB/GYN		170	156	86	165	74	651
PEDS		302	279	287	329	245	1442
RHC		141	142	133	105	40	561
WFMRC		195	101	190	154	83	723
OPTO		9	24	9	7	6	55
INPT/BWA		46	139	2	4	12	203
Grand Total		2957	2862	2899	3083	2407	14208

## NOTES

Press Ctrl+F10 to view all Tabs

Select DEPT or Clinic Location  
Select/De-Select Months for Review

Double Left Click on last cell of the Grand Total Column to create Review List

Check for BOTH 99499 and Blank E&M for KEPT, WALK-IN & S-Call Visits



# RN/LPN Mis-Coded

RN MIS-CODED TRACKER																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
----------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--



## Notes:

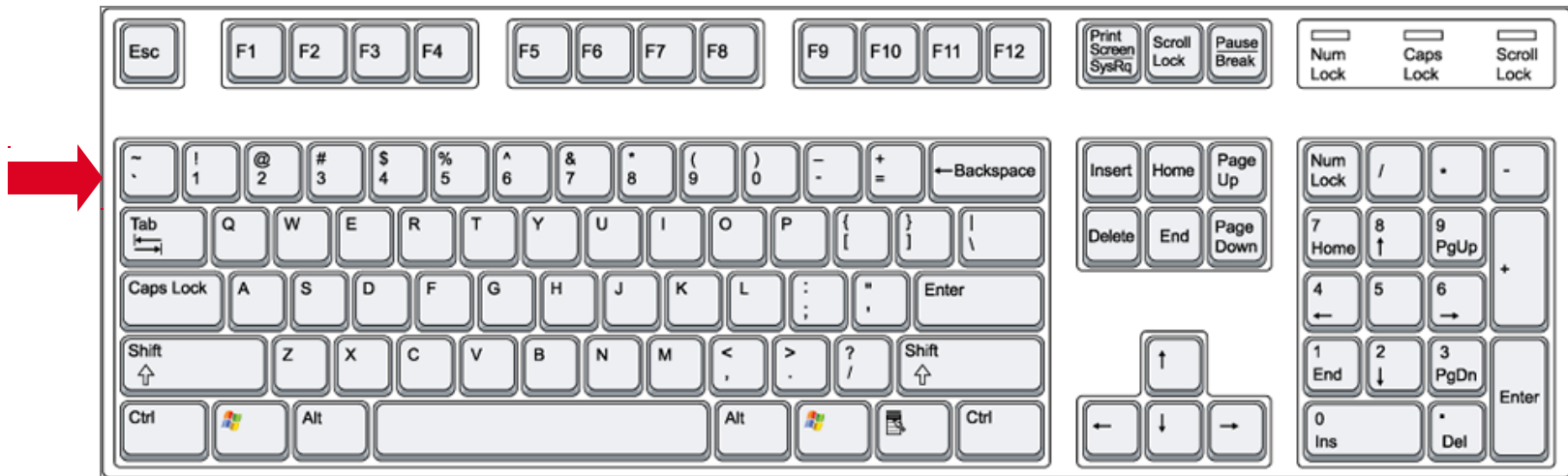
- Head RNs and Clinic Administrators notified of RN Mis-Coded Encounters.
- Coders, Staff and AHTLA Trainers support Staff Training and Coding

## Corrections

Source: CHCS-ADM Encounter Detail Query



# The `Key... The Missing Link



- The M2 Record ID is the CHCS Appointment Internal Entry Number (IEN)
- Run an M2 DQ query that includes the M2 Medical Record ID to match with CHCS Appointment IEN
- Army PASBA also provides reports with the Appointment IEN
- This process can reconcile “I” Inferred SADRIS in M2 with ADM Encounter Status
- An M2 Record ID “How To” is available to for the steps to process the M2 Query Results and locate the Visit in the CHCS Patient Appointment File or Encounter in the KG ADC DATA File for

# **ADM Contact**

---



Center

**Womack Army Medical  
Fort Bragg, NC**



# ADM Questions?

